

Case Number:	CM13-0061431		
Date Assigned:	12/30/2013	Date of Injury:	10/26/2013
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female who reported an injury on 10/26/2013 after lifting a heavy tray that caused a pull in the left groin. The injured worker was evaluated on 11/04/2013. She complained of pain that radiated from her vagina into her low back. Objective findings included normal strength and normal reflexes with a negative straight leg raising test, with increased sharp pain in the left lower extremity. The injured worker's diagnoses included radicular syndrome of the legs. The injured worker's treatment recommendations included modified work activities and x-rays of the lumbar spine. A request was made for an MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine without contrast is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies when there is unequivocal evidence of radicular findings upon examination that have not benefitted from conservative treatment. The clinical documentation submitted for review does not indicate that the injured worker has any neurological deficits that would warrant the need for an MRI. Additionally, there is no documentation that the injured worker has undergone any conservative treatment to include active therapy to address the injured worker's pain complaints. As such, the requested MRI of the spine without contrast is not medically necessary or appropriate.